

MAINTENANCE TROUBLE/SERVICE TICKET

BUILDING FACILITY	JOB ORDER NUMBER	LC	DATE/TIME RECEIVED			
REPORTED BY		PHONE NUMBER	NO			
<input type="checkbox"/> REPAIR	<input type="checkbox"/> COMMODE	<input type="checkbox"/> LIGHT/LIGHT FIXTURE	RECEIVED BY			
<input type="checkbox"/> REPLACE	<input type="checkbox"/> URINAL	<input type="checkbox"/> SWITCH	DECK 1 2 3 B WOMEN			
<input type="checkbox"/> UNSTOP	<input type="checkbox"/> SINK	<input type="checkbox"/> OUTLET	ROOM			
<input type="checkbox"/> LEAKING	<input type="checkbox"/> DRAIN	<input type="checkbox"/> HEATING/COOLING	WING N S E W MEN			
<input type="checkbox"/> RUNNING	<input type="checkbox"/> FAUCET	<input type="checkbox"/> DOOR/DOORLOCK				
<input type="checkbox"/> INSUFF	<input type="checkbox"/> HOT WATER	<input type="checkbox"/> WINDOW/GLASS				
OTHER						
WORK PERFORMED(Continue Reverse Side)						
WK CTR	M-H	LABOR CST	MATL CST	TOTAL CST	WORKMAN	SUPERVISOR
START DATE/TIME		COMPLETION DATE/TIME		PERFORMANCE AUTHORIZED		

29P 11014/15(12-02)**MAINTENANCE TROUBLE/SERVICE TICKET**

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